

Officeholder, Candidate,  
and Controlled Committee  
Campaign Statement — Long Form  
(Government Code Sections 84200-84216.5)

Type or print in Ink.

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement  
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)  
☐ Special Odd-Year Campaign Report  
☐ Semi-annual Statement  
☒ Termination Statement (Attach a completed Form 415 to this statement.)

|   |  |   |
|---|--|---|
| Statement covers period<br>from <u>1/1/94</u><br>through <u>6/30/94</u> | Date Stamp<br><u>RECEIVED</u><br><u>1 AUG - 1 AM 9:57</u><br><u>11/30/92</u> | COVER PAGE LONG FORM<br><b>CALIFORNIA 490</b><br>Page <u>1</u> of <u>21</u><br>For Official Use Only<br><u>92</u> |
| Date of election if applicable:<br>(Month, Day, Year) <u>11/30/92</u>   |  |   |

**I Officeholder, Candidate, and Controlled Committee Included in this Statement**

NAME OF OFFICEHOLDER OR CANDIDATE

Elizabeth Romero Rosenquist

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1011 W. Walnut Street

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi Ca. 95240 (209) 477-9700

COMMITTEE NAME

COMMITTEE TO ELECT

Elizabeth Romero Rosenquist

I.D. NUMBER

922143

COMMITTEE ADDRESS (NO. AND STREET)

101 City Council  
510 West Vine Street

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi, CA 95240

NAME OF TREASURER

Janet Perryman

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

510 W. Vine St.

CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE

Lodi, Ca. 95240 209 334 0967

**II Other Committees Not Included in this Statement:** List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

|   |   |
|---|---|
| COMMITTEE NAME                              | I.D. NUMBER   |
| NAME OF TREASURER                           | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS (NO. AND STREET)          |   |
| CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE |   |
| COMMITTEE NAME                              | I.D. NUMBER   |
| NAME OF TREASURER                           | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS (NO. AND STREET)          |   |
| CITY STATE ZIP CODE AREA CODE/DAYTIME PHONE |   |

Attach additional information on appropriately labeled continuation sheets.

**III Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/94 At Lodi, Ca.  
DATE CITY AND STATE

By Janet Perryman  
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/94 At Lodi, Ca.  
DATE CITY AND STATE

By Elizabeth R. Rosenquist  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF CANDIDATE/OFFICEHOLDER

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

## Allocation Page — Part I

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

### ALLOCATION - PART I

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Lodi, CA 95240

Statement covers period

from 1/1/94

through 6/30/94

CALIFORNIA 490  
1994 FORM

Page 2 of 21

I.D. NUMBER  
922143

List each contribution and independent expenditure of \$100 or more made from campaign funds to other committees or to support or oppose other candidates or ballot measures.

[illegible]

**\*See reverse regarding independent expenditures.**

|                 |           |
|-----------------|-----------|
| <b>SUBTOTAL</b> | <b>\$</b> |
|-----------------|-----------|

Attach additional information on appropriately labeled continuation sheets.

### ALLOCATION - PART I SUMMARY

- |   |  |
|---|--|
| 1. Contributions and independent expenditures of \$100 or more made this period from campaign funds.<br>(Include all Allocation Page — Part I subtotals.) ..... | \$ <u>0</u>                            |
| 2. Contributions and independent expenditures under \$100 made this period from campaign funds.<br>(Do not itemize.) .....                                      | \$ <del>50.00</del> <u>50.00</u>       |
| 3. Total contributions and independent expenditures made this period from campaign funds.<br>(Do not carry this total to the Summary Page.) .....               | TOTAL \$ <del>50.00</del> <u>50.00</u> |

# Allocation Page — Part II Contributions and Independent Expenditures Made From Personal Funds

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

ALLOCATION - PART II

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Lodi, CA 95240

|                            |                        |                                    |
|----------------------------|------------------------|------------------------------------|
| Statement covers period    |                        | CALIFORNIA<br>1994 FORM <b>490</b> |
| from <u>4/1/94</u>         | through <u>6/30/94</u> |                                    |
| Page <u>3</u> of <u>21</u> |                        |                                    |

NAME OF OFFICEHOLDER OR CANDIDATE

List each contribution and independent expenditure of \$100 or more made from the officeholder or candidate's personal funds to support or oppose other officeholders, candidates and committees.

| DATE | NAME OF OFFICEHOLDER, CANDIDATE, COMMITTEE, OR MEASURE | CHECK ONE |        | IND.<br>EXP* | AMOUNT | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | CUMULATIVE TO DATE<br>OTHER<br>(IF APPLICABLE) |
|------|--|-----------|--------|--------------|--------|---|--|
|      |  | Support   | Oppose |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |
|      |  |           |        |              |        |   |  |

\*See reverse regarding independent expenditures.

SUBTOTAL \$

## ALLOCATION — PART II SUMMARY

Attach additional information on appropriately labeled continuation sheets.

- Contributions and independent expenditures of \$100 or more made this period from personal funds.  
(Include all Allocation Page — Part II subtotals.) ..... \$
- Contributions and independent expenditures under \$100 made this period from personal funds.  
(Do not itemize.) ..... \$
- Total contributions and independent expenditures made this period from personal funds.  
(Do not carry this total to the Summary Page.) ..... TOTAL \$

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

STATEMENTARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Lodi, CA 95240

|   |  |                                    |
|---|--|------------------------------------|
| Statement covers period<br>from <u>1/1/94</u><br>through <u>6/30/94</u> |  | CALIFORNIA<br>1994 FORM <b>490</b> |
| Page <u>4</u> of <u>21</u>  |  | I.D. NUMBER<br><u>922143</u>       |

## Contributions Received

|   |                    | Column A<br>TOTAL THIS PERIOD<br>(FROM ATTACHED SCHEDULES) | Column B*<br>TOTAL PREVIOUS PERIOD<br>(SEE NOTE BELOW) | Column C<br>TOTAL TO DATE<br>(ADD COLUMNS A + B) |
|---|--------------------|--|--|--|
| 1. Monetary Contributions .....   | Schedule A, Line 3 | \$ <u>50.00</u>  | \$ <u>2601.00</u>                                      | \$ <u>2651.00</u>                                |
| 2. Loans Received .....   | Schedule B, Line 7 | \$ <u>0</u>  | \$ <u>2000.00</u>                                      | \$ <u>2000.00</u>                                |
| 3. SUBTOTAL CASH CONTRIBUTIONS .....                                      | Add Lines 1 + 2    | \$ <u>50.00</u>  | \$ <u><del>5101.00</del> 4601.00</u>                   | \$ <u><del>5151.00</del> 4651.00</u>             |
| 4. Non-monetary Contributions .....                                       | Schedule C, Line 3 |  |  |  |
| 5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) .....            | Add Lines 3 + 4    | \$ <u>50.00</u>  | \$ <u><del>5101.00</del> 4601.00</u>                   | \$ <u>4651.00</u>                                |
| 6. Enforceable Promises<br>(Exclude Loan Guarantees, Line 18 below) ..... | Schedule D, Line 7 |  |  |  |
| 7. TOTAL CONTRIBUTIONS RECEIVED .....                                     | Add Lines 5 + 6    | \$ <u>50.00</u>  | \$ <u><del>5101.00</del> 4601.00</u>                   | \$ <u>4651.00</u>                                |

## Expenditures Made

|  |                    |                  |                   |                   |
|--|--------------------|------------------|-------------------|-------------------|
| 8. Cash Payments (Other than Loans Made) ..... | Schedule E, Line 5 | \$ <u>0</u>      | \$ <u>4601.00</u> | \$ <u>4601.00</u> |
| 9. Loans Made .....                            | Schedule H, Line 7 | \$ <u>0</u>      | \$ <u>0</u>       | \$ <u>0</u>       |
| 10. SUBTOTAL CASH PAYMENTS .....               | Add Lines 8 + 9    | \$ <u>0</u>      | \$ <u>4601.00</u> | \$ <u>4601.00</u> |
| 11. Accrued Expenses (Unpaid Bills) .....      | Schedule F, Line 5 | \$ <u>600.00</u> | \$ <u>600.00</u>  | \$ <u>600.00</u>  |
| 12. TOTAL EXPENDITURES MADE .....              | Add Lines 10 + 11  | \$ <u>600.00</u> | \$ <u>5201.00</u> | \$ <u>5201.00</u> |

## Current Cash Statement

|   |   |             |
|---|---|-------------|
| 13. Beginning Cash Balance .....          | Previous Summary Page, Line 17                | \$ <u>0</u> |
| 14. Cash Receipts .....                   | Column A, Line 3 above                        | \$ <u>0</u> |
| 15. Miscellaneous Increases to Cash ..... | Schedule I, Line 4                            | \$ <u>0</u> |
| 16. Cash Payments .....                   | Column A, Line 10 above                       | \$ <u>0</u> |
| 17. ENDING CASH BALANCE .....             | Add Lines 13 + 14 + 15, then subtract Line 16 | \$ <u>0</u> |

If this is a termination statement, Line 17 must be zero.

ENDING CASH BALANCE SHOULD  
NOT BE A NEGATIVE AMOUNT

\* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11).

## Summary for Candidates in Both June and November Elections

|                                    |                                |             |
|------------------------------------|--------------------------------|-------------|
| 18. LOAN GUARANTEES RECEIVED ..... | Schedule B, Part I, Column (b) | \$ <u>0</u> |
|------------------------------------|--------------------------------|-------------|

## Cash Equivalents and Outstanding Debts

|                             |  |                  |
|-----------------------------|--|------------------|
| 19. Cash Equivalents .....  | See Instructions on reverse            | \$ <u>0</u>      |
| 20. Outstanding Debts ..... | Add Line 2 + Line 11 in Column C above | \$ <u>600.00</u> |

|                                  | 1/1 through 6/30 | 7/1 to Date |
|----------------------------------|------------------|-------------|
| 21. Contributions Received ..... | \$ <u>0</u>      | \$ <u>0</u> |
| 22. Expenditures Made .....      | \$ <u>0</u>      | \$ <u>0</u> |

## Schedule A

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

## SCHEDULE A

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Lodi, CA 95240

Statement covers period

from 1/1/77

through 6/30/99

CALIFORNIA 490  
1994 FORMPage 5 of 21

|             |
|-------------|
| I.D. NUMBER |
|-------------|

922143

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

| DATE<br>RECEIVED | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | CUMULATIVE TO DATE<br>OTHER<br>(IF APPLICABLE) |
|------------------|---|--|-----------------------------------|---|--|
|                  |   |  |                                   |   |  |
|                  |   |  |                                   |   |  |
|                  |   | <del>None</del> None   |                                   |   |  |
|                  |   |  |                                   |   |  |
|                  |   |  |                                   |   |  |
| SUBTOTAL \$      |   |  |                                   |   |  |

### Monetary Contributions Summary

- |   |  |
|---|--|
| <p>1. Amount received this period — contributions of \$100 or more.<br/>(Include all Schedule A subtotals.) .....</p> <p>2. Amount received this period — contributions of less than \$100.<br/>(Do not itemize.) .....</p> <p>3. Total monetary contributions received this period.<br/>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .....</p> | <p>\$ <u>00</u></p> <p>\$ <u>50.00</u></p> <p><b>TOTAL</b> \$ <u>50.00</u></p> |
|---|--|

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHE. EA (cont.)

|  |  |                                     |
|--|--|-------------------------------------|
| Statement covers period                                    |  | CALIFORNIA<br>STATE FORM <b>490</b> |
| from <u>1/1/94</u>   |  |                                     |
| through <u>6/30/94</u>                                     |  | Page <u>6</u> of <u>21</u>          |
| NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE |  | I.D. NUMBER<br><u>922143</u>        |

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
 for City Council  
 510 West Vine Street  
 Lodi, CA 95240

| DATE<br>RECEIVED                                      | FULL NAME AND ADDRESS OF CONTRIBUTOR<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | CUMULATIVE TO DATE<br>OTHER<br>(IF APPLICABLE) |
|---|---|--|-----------------------------------|---|--|
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
|   |   |  |                                   |   |  |
| <div> <div></div> <div> <div>None</div> </div> </div> |   |  |                                   |   |  |
| SUBTOTAL \$   |   |  |                                   |   |  |

# Schedule B — Part I Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCH. B LE B - Part I

|   |                                    |
|---|------------------------------------|
| Statement covers period<br>from <u>1/1/94</u><br>through <u>6/30/94</u> | CALIFORNIA<br>1994 FORM <b>490</b> |
| Page <u>7</u> of <u>21</u>  | I.D. NUMBER<br><u>922143</u>       |

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Lodi, CA 95240

| DATE<br>RECEIVED | LENDER OR GUARANTOR'S FULL NAME AND ADDRESS<br>(IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D.<br>NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) | LENDER / GUARANTOR'S<br>OCCUPATION AND EMPLOYER (IF SELF-<br>EMPLOYED, ENTER BUSINESS NAME) | LENDER INFORMATION         |                   |                       | GUARANTOR INFORMATION                                 |                       |
|------------------|---|---|----------------------------|-------------------|-----------------------|---|-----------------------|
|                  |   |   | DUE DATE/<br>INTEREST RATE | AMOUNT<br>OF LOAN | CUMULATIVE<br>TO DATE | AMOUNT<br>GUARANTEED                                  | CUMULATIVE<br>TO DATE |
|                  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*   | NONE  | DUE DATE                   |                   | CALENDAR YEAR         |   | CALENDAR YEAR         |
|                  |   |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |   | \$ _____<br>OTHER     |
|                  |   |   |                            |                   | \$ _____              |   | \$ _____              |
|                  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*   |   | DUE DATE                   |                   | CALENDAR YEAR         |   | CALENDAR YEAR         |
|                  |   |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |   | \$ _____<br>OTHER     |
|                  |   |   |                            |                   | \$ _____              |   | \$ _____              |
|                  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*   |   | DUE DATE                   |                   | CALENDAR YEAR         |   | CALENDAR YEAR         |
|                  |   |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |   | \$ _____<br>OTHER     |
|                  |   |   |                            |                   | \$ _____              |   | \$ _____              |
|                  | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*   |   | DUE DATE                   |                   | CALENDAR YEAR         |   | CALENDAR YEAR         |
|                  |   |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |   | \$ _____<br>OTHER     |
|                  |   |   |                            |                   | \$ _____              |   | \$ _____              |
|                  |   |   | SUBTOTAL \$ (a)            |                   |                       | \$ (b) Enter (b) on<br>Summary Page,<br>Line 18 only. |                       |

\*See important instructions on reverse.

## Loans Received — Part I Summary

- Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) ..... \$ \_\_\_\_\_
- Loans under \$100 received this period. (Do not itemize.) ..... \$ \_\_\_\_\_
- Total loans received this period. (Add Lines 1 and 2.) ..... TOTAL \$ \_\_\_\_\_

## Loans Received — Part II Summary

- Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ \_\_\_\_\_
- Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ \_\_\_\_\_
- Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... TOTAL \$ ( )
- Net change this period. (Subtract Line 6 from Line 3.) ..... NET \$ \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. ....  
May be a negative number.

**Schedule B — Part I (Continuation Sheet)**  
**Loans Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE Part I (cont.)

|   |  |                                    |
|---|--|------------------------------------|
| Statement covers period<br>from <u>1/1/94</u><br>through <u>6/30/94</u> |  | CALIFORNIA<br>1994 FORM <b>490</b> |
|   |  | Page <u>8</u> of <u>21</u>         |
| NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE              |  | I.D. NUMBER<br><u>922143</u>       |

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
 for City Council  
 510 West Vine Street  
 Lodi, CA 95240

| DATE RECEIVED | LENDER OR GUARANTOR'S FULL NAME AND ADDRESS<br>(IF COMMITTEE, ENTER FULL NAME, ADDRESS AND I.D. NUMBER. IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) | LENDER / GUARANTOR'S<br>OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS NAME) | LENDER INFORMATION         |                   |                       | GUARANTOR INFORMATION |                       |
|---------------|--|---|----------------------------|-------------------|-----------------------|-----------------------|-----------------------|
|               |  |   | DUE DATE/<br>INTEREST RATE | AMOUNT<br>OF LOAN | CUMULATIVE<br>TO DATE | AMOUNT<br>GUARANTEED  | CUMULATIVE<br>TO DATE |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | DUE DATE                   |                   | CALENDAR YEAR         |                       | CALENDAR YEAR         |
|               |  |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |                       | \$ _____<br>OTHER     |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | _____ %                    |                   | \$ _____              |                       | \$ _____              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | DUE DATE                   |                   | CALENDAR YEAR         |                       | CALENDAR YEAR         |
|               |  |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |                       | \$ _____<br>OTHER     |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | _____ %                    |                   | \$ _____              |                       | \$ _____              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | DUE DATE                   |                   | CALENDAR YEAR         |                       | CALENDAR YEAR         |
|               |  |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |                       | \$ _____<br>OTHER     |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | _____ %                    |                   | \$ _____              |                       | \$ _____              |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | DUE DATE                   |                   | CALENDAR YEAR         |                       | CALENDAR YEAR         |
|               |  |   | INTEREST RATE              |                   | \$ _____<br>OTHER     |                       | \$ _____<br>OTHER     |
|               | <input type="checkbox"/> Lender <input type="checkbox"/> Guarantor*  |   | _____ %                    |                   | \$ _____              |                       | \$ _____              |

NONE

\*See important instructions on reverse of page 1 of Schedule B, Part I.

SUBTOTAL \$

(a)

\$

(b)

Enter (b) on  
 Summary Page,  
 Line 18 only.

**Schedule E — Part II**  
**Repayments Made on Loans Received, Loans**  
**Forgiven, and Loans Repaid by a Third Party**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHE E B - Part II

|                            |                        |                                    |
|----------------------------|------------------------|------------------------------------|
| Statement covers period    |                        | CALIFORNIA<br>1994 FORM <b>490</b> |
| from <u>1/1/94</u>         | through <u>6/30/94</u> |                                    |
| Page <u>9</u> of <u>21</u> |                        | I.D. NUMBER<br><u>922143</u>       |

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
 Elizabeth "Renee" Rosenfield  
 for City Council  
 510 West Vine Street  
 Los Angeles, CA 90013

| DATE OF<br>REPAYMENT<br>OR<br>FORGIVENESS                                   | DATE OF<br>ORIGINAL LOAN | FULL NAME OF LENDER | INTEREST<br>RATE<br>(IF CHANGED) | AMOUNT REPAYED OR<br>FORGIVEN ON PRINCIPAL*<br>(EXCLUDE PAYMENT OF INTEREST) | OUTSTANDING<br>PRINCIPAL                  | INTEREST<br>PAID |
|---|--------------------------|---------------------|----------------------------------|--|---|------------------|
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
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|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
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|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
|   |                          |                     |                                  |  |   |                  |
| Attach additional information on appropriately labeled continuation sheets. |                          |                     |                                  | SUBTOTAL \$  | (c) TOTAL INTEREST<br>PAID THIS PERIOD \$ | (d)              |

**\*IMPORTANT:** If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, including the name and address of the person forgiving the loan or the third party making the payment, and the amount forgiven or paid.

Enter the amount in column (d) in the summary section of Schedule E, Line 3. Do not carry this total to the summary section of Schedule B.

**Schedule B — Part III**  
**Annual Report of Outstanding Loans Received**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHE. E B - Part III

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
 for City Council  
 510 West Vine Street  
 Lodi, CA 95240

Statement covers period  
 from 1/1/94  
 through 6/30/94

CALIFORNIA  
 STATE FORM **490**

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I.D. NUMBER  
922143

| FULL NAME OF LENDER   | ORIGINAL DATE OF LOAN | AMOUNT OF ORIGINAL LOAN | UNPAID PRINCIPAL | UNPAID INTEREST |
|---|-----------------------|-------------------------|------------------|-----------------|
|   |                       |                         |                  |                 |
|   |                       |                         |                  |                 |
|   |                       |                         |                  |                 |
|   |                       |                         |                  |                 |
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|   |                       |                         |                  |                 |
|   |                       |                         |                  |                 |
|   |                       |                         |                  |                 |
|   |                       |                         |                  |                 |
| Attach additional information on appropriately labeled continuation sheets. |                       |                         | TOTAL \$         |                 |

NOTE: This total should be  
 the same amount as entered  
 on the Summary Page,  
 Column C, Line 2.

# Schedule C Non-Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period

from 1/1/94  
through 6/30/94

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT  
Elisabeth Somoero Rosenquist  
for City Council

510 West Vine Street  
Lodi, CA 95240

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

FULL NAME AND ADDRESS OF CONTRIBUTOR  
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS,  
ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED,  
ENTER TREASURER'S NAME AND ADDRESS)

OCCUPATION AND EMPLOYER  
(IF SELF-EMPLOYED, ENTER NAME OF  
BUSINESS)

DESCRIPTION OF  
GOODS OR SERVICES

FAIR MARKET  
VALUE

CUMULATIVE TO  
DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

CUMULATIVE TO  
DATE OTHER  
(IF APPLICABLE)

I.D. NUMBER

922143

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CALIFORNIA  
FORM 490  
INFORMATION

SCHEDULE C

## Non-Monetary Contributions Summary

1. Amount received this period — non-monetary contributions of \$100 or more.  
(include all Schedule C subtotals.)

2. Amount received this period — non-monetary contributions of less than \$100.  
(Do not itemize.)

3. Total non-monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 4.)

TOTAL \$

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

None

**Enforceable Promises Received (Other than Loan Guarantees, Loan Endorsements, and Loan Security)**

## SCHEDULE D

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

|   |  |
|---|--|
| Statement covers period<br>from <u>1/1/94</u><br>through <u>6/30/94</u> | CALIFORNIA 490<br>1994 FORM<br>Page <u>12</u> of <u>21</u><br>I.D. NUMBER<br><u>922143</u> |
|---|--|

## Enforceable Promises Received Summary

- |  |       |              |  |
|--|-------|--------------|--|
| 1. Promises received of \$100 or more this period (Column (a)).  | ..... | \$           | _____  |
| 2. Promises received under \$100 this period.<br>(Do not itemize.)   | ..... | \$           | _____  |
| 3. Total promises received this period.<br>(Add Lines 1 and 2.)  | ..... | <b>TOTAL</b> | <b>\$</b> _____  |
| 4. Payments received on promises of \$100 or more this period.<br>(Column (b)).  | ..... | \$           | _____  |
| 5. Payments received on promises under \$100 this period.<br>(Do not itemize. Also include on Schedule A Summary, Line 2.)     | ..... | \$           | _____  |
| 6. Total payments received.<br>(Add Lines 4 and 5.)  | ..... | <b>TOTAL</b> | <b>\$</b> ( _____ )  |
| 7. Net change this period. (Subtract Line 6 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 6.) | ..... | <b>NET</b>   | <b>\$</b> _____<br><small>May be a negative number</small> |

# Schedule Payments and Contributions (Other Than Loans) Made

type or print in ink.  
amounts may be rounded  
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Livermore, CA 94540

Statement covers period

from 1/1/94

through 6/30/94

CALIFORNIA  
DISCLOSURE **490**

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I.D. NUMBER

922143

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

"C" - MONETARY AND IN-KIND (NON-MONETARY)  
CONTRIBUTIONS TO OTHER CANDIDATES  
AND COMMITTEES

"I" - INDEPENDENT EXPENDITURES  
"L" - LITERATURE

"B" - BROADCAST ADVERTISING

"N" - NEWSPAPER AND PERIODICAL ADVERTISING

"O" - OUTSIDE ADVERTISING

"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS

"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD

"T" - TRAVEL, ACCOMMODATIONS AND MEALS  
(MUST BE DESCRIBED)

"P" - PROFESSIONAL MANAGEMENT AND CONSULTING  
SERVICES

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.<br>NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E.<br>REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW. |    |                        |
|--|---|----|------------------------|
|  | CODE  | OR | DESCRIPTION OF PAYMENT |
|  |   |    | NONE                   |
|  |   |    |                        |
|  |   |    |                        |

Important: Contributions and expenditures made out of campaign funds to or on behalf of other  
officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$

## Payments and Contributions Made Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$
2. Payments made this period of under \$100. (Do not itemize.) \$
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) \$
4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) \$
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) TOTAL \$

**Schedule E  
(Continuation Sheet)  
Payments and Contributions  
(Other Than Loans) Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*

Statement covers period  
from 4/1/94  
through 6/30/94

CALIFORNIA  
1994 FORM **490**

Page 14 of 21

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
for City Council  
510 West Vino Street  
Lodi, CA 95240

I.D. NUMBER

922143

**CODES FOR CLASSIFYING EXPENDITURES**

"C" - MONETARY AND IN-KIND (NON-MONETARY)  
CONTRIBUTIONS TO OTHER CANDIDATES  
AND COMMITTEES  
"I" - INDEPENDENT EXPENDITURES  
"L" - LITERATURE

"B" - BROADCAST ADVERTISING  
"N" - NEWSPAPER AND PERIODICAL ADVERTISING  
"O" - OUTSIDE ADVERTISING  
"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS  
"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD  
"T" - TRAVEL, ACCOMMODATIONS AND MEALS  
(MUST BE DESCRIBED)  
"P" - PROFESSIONAL MANAGEMENT AND CONSULTING  
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION  
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.  
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

| CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|------|----|------------------------|-------------|
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |
|      |    |                        |             |

*NONE*

SUBTOTAL \$

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
for City Council  
510 West Vine Street  
Lodi, CA 95240

|  |                        |                                    |
|--|------------------------|------------------------------------|
| Statement covers period                                    |                        | CALIFORNIA<br>1994 FORM <b>490</b> |
| from <u>1/1/94</u>   | through <u>6/30/94</u> |                                    |
|  |                        | Page <u>15</u> of <u>21</u>        |
| NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE |                        | I.D. NUMBER<br><u>922143</u>       |

## CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- |  |  |  |
|--|--|--|
| "C" - MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" - BROADCAST ADVERTISING                                    | "G" - GENERAL OPERATIONS AND OVERHEAD                      |
| "I" - INDEPENDENT EXPENDITURES   | "N" - NEWSPAPER AND PERIODICAL ADVERTISING                     | "T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" - LITERATURE   | "O" - OUTSIDE ADVERTISING                                      | "P" - PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES      |
|  | "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS |  |
|  | "F" - FUNDRAISING EVENTS                                       |  |

| NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULES E OR F. REPORT ONLY THE LUMP SUM OF PAYMENTS ON SCHEDULE F, LINE 4 AND ON SCHEDULE E, LINE 4. DO NOT RE-ITEMIZE ACCRUED EXPENSES REPORTED IN A PREVIOUS PERIOD. |                                       |                |
|---|--|---------------------------------------|----------------|
|   | CODE   | OR DESCRIPTION OF OUTSTANDING PAYMENT | AMOUNT ACCRUED |
|   |  |                                       |                |
|   |  |                                       |                |
|   |  |                                       |                |
|   |  |                                       |                |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

## Accrued Expenses Summary

- |   |                   |     |
|---|-------------------|-----|
| 1. Accrued expenses this period of \$100 or more. (Include all Schedule F subtotals.)   | \$                |     |
| 2. Accrued expenses this period of under \$100. (Do not itemize.)   | \$                |     |
| 3. Total accrued expenses incurred this period. (Add Lines 1 and 2.)  | INCURRED TOTAL \$ |     |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter here and on Schedule E Summary, Line 4.)                     | PAID TOTAL \$     | ( ) |
| 5. Net change this period. (Subtract Line 4 from Line 3. Enter the difference here and on the Summary Page, Column A, Line 11.) | NET \$            |     |

May be a negative number.

## NAME OF AGENT OR INDEPENDENT CONTRACTOR

510 West Vine Street  
Lodi, CA 95240

I.D. NUMBER  
922443

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E by the officeholder/candidate.

# Schedule H — Part I Loans Made to Others

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H - Part I

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
Elizabeth Romero Rosenquist  
for City Council  
510 West Vine Street  
Lodi, CA 95240

Statement covers period  
from 1/1/94  
through 6/30/94

|                                    |              |
|------------------------------------|--------------|
| CALIFORNIA<br>1994 FORM <b>490</b> |              |
| Page <u>17</u>                     | of <u>21</u> |
| I.D. NUMBER<br><u>922143</u>       |              |

| DATE OF LOAN | FULL NAME AND ADDRESS OF RECIPIENT<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | INTEREST RATE | DUE DATE | AMOUNT |
|--------------|---|---------------|----------|--------|
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |

SUBTOTAL \$

## Loans Made to Others — Part I Summary

- Loans of \$100 or more made this period.  
(Include all Loans Made — Part I subtotals.) \$
- Loans under \$100 made this period.  
(Do not itemize.) \$
- Total loans made this period.  
(Add Lines 1 and 2.) TOTAL \$

## Loans Repayments Received — Part II Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more  
which have been forgiven by this officeholder, candidate, or committee — Part II (a) subtotals.  
If forgiven, also itemize on Schedule E.) \$
- Payments received on loans under \$100.  
(Including a forgiveness. Do not itemize.) \$
- Total loan payments received this period.  
(Add Lines 4 and 5.) TOTAL \$ ( )
- Net change this period. (Subtract Line 6 from Line 3.)  
Enter the net here and on the Summary Page, Column A, Line 9. NET \$

May be a negative number.

**Schedule H — Part I**  
**Loans Made to Others**  
**(Continuation Sheet)**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE H - Part I (cont.)

Statement covers period  
 from 1/1/94  
 through 6/30/94

CALIFORNIA 1994 FORM **490**

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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
 COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
 for City Council  
 510 West Vine Street  
 Lodi, CA 95240

I.D. NUMBER  
922143

| DATE OF LOAN | FULL NAME AND ADDRESS OF RECIPIENT<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | INTEREST RATE | DUE DATE | AMOUNT |
|--------------|---|---------------|----------|--------|
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |
|              |   |               |          |        |

SUBTOTAL \$

**Schedule H — Part II**  
**Loan Repayments Received on Loans Made to Others (Including Payments Received from Third Parties) and Loans Forgiven**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.  
 Amounts may be rounded to whole dollars.

SCHEDULE H - Part II

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
 for City Council

|                             |                        |                                    |
|-----------------------------|------------------------|------------------------------------|
| Statement covers period     |                        | CALIFORNIA<br>1994 FORM <b>490</b> |
| from <u>1/1/94</u>          | through <u>6/30/94</u> |                                    |
| Page <u>19</u> of <u>21</u> |                        | I.D. NUMBER<br><u>922143</u>       |

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE  
 510 West Vine Street  
 Lodi, CA 95240

| DATE OF REPAYMENT OR FORGIVENESS | DATE OF ORIGINAL LOAN | FULL NAME OF RECIPIENT OF LOAN | INTEREST RATE (IF CHANGED) | AMOUNT REPAID OR FORGIVEN ON PRINCIPAL* (EXCLUDE RECEIPT OF INTEREST) | OUTSTANDING PRINCIPAL | INTEREST RECEIVED |
|----------------------------------|-----------------------|--------------------------------|----------------------------|---|-----------------------|-------------------|
|                                  |                       |                                |                            |   |                       |                   |
|                                  |                       |                                |                            |   |                       |                   |
|                                  |                       |                                |                            |   |                       |                   |
|                                  |                       |                                |                            |   |                       |                   |
|                                  |                       |                                |                            |   |                       |                   |
|                                  |                       |                                |                            |   |                       |                   |
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|                                  |                       |                                |                            |   |                       |                   |
|                                  |                       |                                |                            |   |                       |                   |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ <sup>(a)</sup> TOTAL INTEREST RECEIVED THIS PERIOD \$ <sup>(b)</sup>

**\*IMPORTANT:** If any part of a loan is forgiven, also itemize the forgiveness on Schedule E. If a repayment is received from a third party, enter the name and address of third party in the "FULL NAME OF RECIPIENT OF LOAN" column above, along with the name of the recipient of the loan.

Enter the amount in column (b) in the summary section of Schedule I, Line 3. Do not carry this total to the summary section of Schedule H.

**Schedule H — Part III**  
**Annual Report of Outstanding Loans Made**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE H - Part III

SEE INSTRUCTIONS ON REVERSE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*

|                             |                        |                                    |
|-----------------------------|------------------------|------------------------------------|
| Statement covers period     |                        | CALIFORNIA<br>1994 FORM <b>490</b> |
| from <u>1/1/94</u>          | through <u>6/30/94</u> |                                    |
| Page <u>20</u> of <u>21</u> |                        | I.D. NUMBER<br><u>922143</u>       |

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

for City Council  
 510 West Vine Street  
 Lodi, CA 95240

| FULL NAME OF RECIPIENT OF LOAN | ORIGINAL DATE OF LOAN | AMOUNT OF ORIGINAL LOAN | UNPAID PRINCIPAL | UNPAID INTEREST |
|--------------------------------|-----------------------|-------------------------|------------------|-----------------|
|                                |                       |                         |                  |                 |
|                                |                       |                         |                  |                 |
|                                |                       |                         |                  |                 |
|                                |                       |                         |                  |                 |
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|                                |                       |                         |                  |                 |
|                                |                       |                         |                  |                 |
|                                |                       |                         |                  |                 |
|                                |                       |                         |                  |                 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL

\$

NOTE: This total should be  
 the same amount as entered  
 on the Summary Page,  
 Column C, Line 9.

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

SCHEDULE I

|                             |                        |                                    |
|-----------------------------|------------------------|------------------------------------|
| Statement covers period     |                        | CALIFORNIA<br>1994 FORM <b>490</b> |
| from <u>4/1/94</u>          | through <u>6/30/94</u> |                                    |
| Page <u>21</u> of <u>21</u> |                        | I.D. NUMBER<br><u>922143</u>       |

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

COMMITTEE TO ELECT  
*Elizabeth Romero Rosenquist*  
 for City Council  
 510 West Vine Street  
 Lodi, CA 95240

| DATE<br>RECEIVED | FULL NAME AND ADDRESS OF SOURCE<br>(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER<br>OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) | DESCRIPTION OF RECEIPT | AMOUNT OF<br>INCREASE TO CASH |
|------------------|--|------------------------|-------------------------------|
|                  |  |                        |                               |
|                  |  |                        |                               |
|                  |  |                        |                               |
|                  |  |                        |                               |
|                  |  |                        |                               |
|                  |  |                        |                               |
|                  |  |                        |                               |

*None*

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Miscellaneous Increases to Cash Summary**

- Increases to cash of \$100 or more this period. .... \$
- Increases to cash under \$100 this period. (Do not itemize.) .... \$
- Total of all interest received this period on loans made to others. (Schedule H, Part II (b).) .... \$
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 15.) .... **TOTAL \$**